

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Addre	ss (nu	mber and street, city, state, zip code)]	5/1	5/20	1,1,1,
3602	North	ᡪᡪ᠕	c Ct (Suite 23) Num Alban, IN	502 876 1661	'	•	
Owner	_	•		Purpose;	Follow-u	p Releas	se Date
[] Lbbi	i Deni	isan		1. Routine	100	10	days
Owner's A	ddress			Follow-up			
					Summary of Violations:		
Pergon in C	haren.	-		3. Complaint	$ \lambda \rangle$) X) \script{\sint\sint\sint\sint\sint\sint\sint\sint
1 7	'. <i>!</i>	1		4. Pre-Operational	$C_{\underline{Q}}$	\sum_{NC}	<u>X</u> R <u>X</u>
Responsible			n	5. Temporary	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/O 7 7	
Kesponsibio	e reison's	C-ma	u —	6. HACCP	Menu Ty	pe (See back	of page)
				7. Other (list)			/
Certified F	ood Mana	ger	(11/8/23)		12	3 <u>X</u>	_45
1000	Vic	ud t	(11/8/23)	tordig			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R		MINITOT (TOEXTITOTIC) AL	D AN KILD!		
Section	CINC	Α.	Narrative Narrative			To Be Co	rrected By
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